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APPLICANTS

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** CONTINUING DATA ***** *[Signature]*** FOREIGN APPLICATIONS ***** *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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** SMALL ENTITY **

| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MN | SHEETS DRAWING 5 | TOTAL CLAIMS 38 | INDEPENDENT CLAIMS 3 |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Verified and Acknowledged Examiner's Signature | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials | | | | |

ADDRESS

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TITLE

Cardiac implant and methods

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| FILING FEE RECEIVED 597 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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